

Initial  Unannounced Full/Partial  Follow-up  Location Change  Investigation  Other \_\_\_\_\_

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Hudson Country Date: 9/13/22 Time: 12:30  
Location Address: 44A Shelter Rock Rd Danbury Telephone #: 203 744-8088  
e-mail address: meg@hudsoncountry.org License #: 14318 Expiration Date: 1/21/26  
Capacity: 212 # of Children Present: 92 # of Staff Present: 19

**Consent to Inspect  
Family Child Care Home**

I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature \_\_\_\_\_

Purpose of visit: partial based on 5/31/22 inspection

#### Observations/Corrections needed:

- 2 - Staff orientation → ~~not~~ in compliance (✓) 135 - Infant held for bottles in compliance (✓)
- 9 - Fire Marshall - in compliance 6/1/22 (✓)
- 21 Ratios - in compliance (✓)
- (27) Annual review consultants - Not in compliance (X)
- 32 - children's file (start date) in compliance ✓
- 34 - authorize release - in compliance ✓
- 37 - children's physical in compliance (✓) 89 - Turf grass in compliance (✓)
- 38 Care Plans - in compliance
- (40) Menu's - ~ 2 food groups not listed (X)
- 65 - Primary Bathroom vent - in compliance
- 102 - Medications - in compliance
- 103 - Medication storage - in compliance
- 123 - Diaper policy posted in compliance

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Jamie Fortin  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 9/27/22

Signature: [Signature]  
(Person in Charge)